

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

ARTICLES OF AMENDMENT

Minimum Fee \$5.00 (See §1401)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to 13-B MRSA §§802 and 803, the undersigned corporation executes and delivers the following Articles of Amendment:

FIRST: ("X" one box only.) ☐ public benefit corporation ☐ mutual benefit corporation

SECOND: Describe **NATURE OF CHANGE** (i.e. change in name of corporation, purpose, number of directors, adding or deleting section or revision of section, etc.) as well as **TEXT** of amendment. Attach additional pages as needed.

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines or other markings on the page.

THIRD: ("X" one box only.) The amendment was adopted on (date) _____ as follows:

- ☐ By the members at a meeting at which a quorum was present and the amendment received at least a majority of the votes which members were entitled to cast.
- ☐ (If the Articles require more than a majority vote.) By the members at a meeting at which the amendment received at least the percentage of votes required by the Articles of Incorporation.
- ☐ By the written consent of all members entitled to vote with respect thereto.
- ☐ (If no members, or none entitled to vote thereon.) By majority vote of the board of directors.

FOURTH: The address of the registered office of the corporation in the State of Maine is _____

(street, city, state and zip code)

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

***MUST BE COMPLETED FOR VOTE
OF MEMBERS***

I certify that I have custody of the minutes showing
the above action by the members.

(signature of clerk, secretary or asst. secretary)

*This document **MUST** be signed by

- (1) the **Clerk or Secretary OR**
- (2) the **President** or a vice-pres. **together with** the **Secretary** or an ass't. sec., or a 2nd certifying officer **OR**
- (3) if no such officers, then a majority of the **Directors OR**
- (4) if no such directors, then the **Members.**

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**